Aswagandha for AIDS

99. SHRIMATI N.P. DURGA: Will the Minister of HEALTH AND FAMILY welfare be pleased to state:

(a) whether it is a fact that Aswagandha is answer to AIDS;

(b) whether it is a fact that an Ayurvedic researcher and Professor of Dravya Guna at Vijayawada based Nori Rama Shastry Government College of Ayurveda has made it proved;

(c) whether it has also been proved that CD4 count of patients has gone up and corollary viral load reduced; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Aswagandha is one of the Rasayana drugs mentioned in Ayurvedic classics and is useful as an immuno modulator in all debilitating conditions to improve the general health and quality of life. Its efficacy against AIDS is yet to be proved.

(b) to (d) Dr. K. Nisteswar, Professor of Dravyaguna, Dr. NRS Govt. Ayurveda College, Vijayawada has made such a claim on the basis of the treatment of a single patient and therefore, the claim is not scientifically valid.

Epidemics in Kerala

100. SHRI A. VIJAYARAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Competent Authority has identified various epidemics that had occurred in Kerala for last five years;

(b) if so, the details of above epidemics, number of people affected, number of deaths, number of teams that had visited to examine the epidemics for last five years, category-wise, district-wise and year-wise;

(c) the details of financial and other assistance granted to State to control above epidemics for last five years, year-wise and category-wise;

(d) whether Competent Authority would establish a permanent national facility in Kerala for studying above epidemics;

(e) if so, the details thereof; and

(f) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Under the Epidemic Diseases Act, 1897, the State Government is empowered to declare a disease and epidemic. Outbreaks of dengue fever have been reported from various districts of Kerala during the last five years. District-wise, year-wise details of cases of dengue reported from Kerala are given in Statement-I (*See* below).

Outbreaks of suspected Chikungunya fever are also being reported from Kerala since 2006. No case of Chikungunya was reported from the State prior to 2006. The

district-wise details of the cases of Chikungunya for the years 2006 and 2007 are given in Statement-II (*See* below).

Details of Central teams sent to Kerala for investigation of various outbreaks during the period from 2004 to 2007 is given in Statement-III (*See* below).

(c) Under National Vector Borne Diseases Control Programme (NVBDCP) implemented by Government of India, regular logistics like adulticides and larvicides are supplied to the State. In addition, during 2006-07 an amount of Rs. 220.50 lakhs was released to Kerala as emergency package for prevention and control of Chikungunya towards the purchase of fogging machines, Pyrethrum extract, Insecticide treated bednets etc. An amount of Rs. 403.90 lakhs has been allotted as emergency package for Kerala during 2007-08 also.

(d) to (f) To strengthen surveillance activities and to promote early detection of outbreak and institute appropriate action for prevention and control of epidemic and other diseases, an Integrated Disease Surveillance Project has been launched in 2004. The programme is being implemented in phased manner and Kerala has been covered in Phase-I of the project. The surveillance units has been set up at Central, State and District levels for implementation of the project.

The establishment of a field station of National Institute of Virology, Pune at Alappuzha, Kerala and diagnose the viral outbreaks is being established.

Statement-I

Dengue/DHF in Kerala State

The district-wise incidence for the last five years is given below:

Kerala	2002		2003		2004		2005		2006		2007	
District	C	D	C	D	C	D	C	D	C	D	C	D
1	2	3	4	5	6	7	8	9	10	11	12	13
Kottayam	1	0	191	5	29	2	42	0	7	0	2	0
Idukki	1	0	226	0	30	0	77	0	14	1	6	0
Ernakulam	66	0	319	2	51	3	135	1	57	0	5	0
Thiruvananthpuram	25	1	789	17	334	0	466	0	620	0	67	0
Trissure	1	0	363	4	33	1	30	0	67	0	6	0
Palakad	3	0	147	8	22	0	6	0	26	2	0	0
Malappuram	75	0	546	7	30	0	10	0	5	0	2	0
Kasaragod	27	0	69	0	4	0	21	0	12	0	1	0
Wyanad	1	0	49	0	28	0	2	0	2	0	2	0
Kannur	12	0	154	5	22	0	9	1	17	0	0	0
Kozhikode	3	1	121	4	9	0	128	0	12	1	7	0
Kollam	4	0	186	9	25	1	34	2	75	1	2	0
Alappuzha	0	0	220	5	22	0	43	1	28	0	1	0

1	2	3	4	5	6	7	8	9	10	11	12	13
Pathanmithitta	0	0	166	2	47	1	25	0	17	0	0	0
									22*		87**	
TOTAL-14	219	2	356	68	686	8	1028	8	981	5	188	***4

* District-wise data is not intimated for 22 cases

** District-wise data is not intimated for 87 cases

*** District-wise data is not intimated for 4 deaths.

Statement-II

Report for Chikungunya of Kerala State

Sl. No.	District	2006		2007 (Prov.)	
		Suspected Chikungunya Cases	Deaths	Suspected Chikungunya Cases	Deaths
1.	Thiruvananthapuram	8308	0	1188	0
2.	Kollam	160	0	895	0
3.	Pathanamthitta	691	0	3450	0
4.	Alappuzha	58159	0	1199	0
5.	Kottayam	149	0	10653	0
6.	Idukki	43	0	523	0
7.	Ernakulam	1839	0	1737	0
8.	Trichur	93	0	271	0
9.	Palakad	762	0	153	0
10.	Malappuram	12	0	803	0
11.	Kozhikode	307	0	566	0
12.	Wayanad	3	0	51	0
13.	Kannur	21	0	27	0
14.	Kasargode	18	0	74	0
		166*		0	
	TOTAL:	70731	0	21590	0

* District-wise data is not intimated 5/8/2007

Statement-III

Visits of the Central teams to the state of Kerala

Date of visit	**Districts visited**
10-13 August, 2004	Ernakulum, Kottayam, Alappuzha, Kollam and Thiruvananthapuram
22-23 September, 2006	Thiruvananthapuram
4-8 October, 2006	Alappuzha and Thiruvananthapuram
6-7 October, 2006	Alappuzha and Thiruvananthapuram

28th May to 1st June, 2007	Kottayam, Pattanamthita and Ernakulum
10-13 June, 2007	Kottayam, Kollam, Pattanamthita and Thiruvananthapuram
14 to 18 July	Kottayam, Kollam, Pattanamthita and Thiruvananthapuram
16th and 17th July, 2007	Thiruvananthapuram

Financial scarcity of PHCs

101. DR. E.M. SUDARSANA NATCHIAPPAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that Primary Health Centres are suffering due to financial scarcity; and

(b) if so, the steps taken to strengthen PHC instead of going for new schemes parallel to it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) NRHM envisages support for PHCs by provision of 3 Staff Nurses, one additional Medical Officer and other staff on contractual basis. Support is also given for procurement of drugs, equipment and for construction of PHC buildings. The PHCs are also strengthened through provision of United Fund @ Rs. 25,000/- per PHC for local health needs and an Annual Maintenance Grant @ Rs. 50,000/- per PHC for improvement and maintenance of physical infrastructure. Grant of Rs. 1.00 lakh per annum is given per PHC to Rogi Kalyan Samities under NRHM. States/UTs have to incorporate the requirement of funds in their annual Programme Implementation Plan (PIP) under NRHM.

Prevention of epidemics in Andhra Pradesh

102. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Andhra Pradesh is reeling under epidemic like situation after the recent heavy floods in the region;

(b) if so, whether any steps are being taken to provide safe drinking water to the affected areas;

(c) if so, the details of the measures taken to decontaminate the drinking water sources of the State;

(d) what preventive steps are being taken to check the proliferation of Chikungunya and Dengue cases in the State; and

(e) how much Central grant is earmarked for the purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Information is being collected and will be laid on the Table of the House.